	CA	MPAIGN	N FINANCE REF	PORT			
	Name and A	ddress of	Filing Candidate	or Com	mitte	e	
Name: Address: City, State, Zip: Vote Scott Ott Lehigh County Executive 751 Sigmund Rd Zionsville PA 18092 Report Filed By							
Candidate	didate No Committee Ye				Yes		
Type of Report		Election Date	Amend	ed	Termination		
2009 Annual Report				No		No	
Office Sought By Candidate			Party	County	ınty		
Lehigh County Executiver			R	Lehigh			
	Sum	mary of]	Receipts & Expend	ditures			
From: 11/24/2009 To: 12/31/2			009				
A. Amount Brought Forward From Last Report				2127.78			
B. Total Monetary Contributions & Receipts (from Schedule I)				27.22			
C. Total Funds Available (Sum of Lines A & B)					2150.55		
D. Total Expenditures (from Schedule III)					1969.84		
E. Ending Cash Balance (Subtract Line D from Line C)				180.71			
F. Value of In-Kind Contributions Received (from Schedule II)				0.00			
G. Unpaid Debts & Obligations (from Schedule IV)				0.00			

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF ____ 3

CONTRIBUTIONS AND RECEIPTS

	Detailed Summary Page					
Name of Filing Committee or Candidate	Reporting Peri From 11 7			10d 24 09 TO 12 31 09		
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	TOTAL for the Reporting Period	od (1)	\$	77.77		
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Contributions Received from Politica			 \$	8	MP-i	
All Other Contributions (Part B)			\$	•		
	TOTAL for the Reporting Perio	od (2)	\$	&		
NO STATE OF THE PROPERTY OF TH				and the second s		
3. FON TRIBUTIONS OVER \$250.00	(EROME PARTIES AND PARTIED)					
Contributions Received from Politica	Committées (Part C)	en e	\$	-0 -		
All Other Contributions (Part D)		-	\$	&		
	TOTAL for the Reporting Period	od (3)	\$	& _		
	the second secon				- 30,500	
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The second secon	TOTAL for the Reporting Period	od (4)	\$	-	:	
				and the second of the second o	ا بندشت	
TOTAL MONETARY CONTRIBUTION THIS REPORTING PERIOD (Add and Boxes 1, 2, 3 and 4; also enter thi	enter amount totals from	•	\$	22.77		

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			F	Reporting P	Priod ZY	09 TO 12 31 09
						
			The Walter	(I ELDAYES	**Xp	Amount
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City	State	Zip Code (Plus 4)	T			1
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BKCd Movessinv		·	Descript	- Z tion of Exper	2009	\$ 10.00
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AT+T Care-Cell Phone Moiling Address		<u></u>		otion of Expe		
City	State	Zip Code (Plus 4)				
La contrata de la co		<u> </u>			The Landing	
LEHILH County Republican Mailing Address		1		DAY		
LEHIGH COUNTY REPUBLICAN	<u> </u>	-OMMITTE	1Z Descrip	tion of Expe	Zo 89	\$1800.10
Mailing Address			Descrip	tion or exp-	non tor s	
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Mailing Address			Descrip	ption of Expe	enditure	
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Mailing Address			Action Marie 14	/(I.u., e	A144, C	
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Malling Address	***************************************		Descrip	ption of Expe	enditure	
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City	State	Zip Code (Plus 4)	+			
		_				
	-1		سسلم		-	PAGE TOTAL
Enter Grand Total of Expenditures on Pa	~~~ 1	n Cover !	n-an I	" n		\$1969.84
FULL RISUG LOSS OF EXPERIMENTED AND IN	age i,	Report Cover i	rage, .	Rem D.		